

Children's Dental Services

Preventive Services

	Is the service Covered?					
	Yes	Only with prior authorization	No	Frequency	List any service-specific limitations	
Cleanings	Х			2 x year		
Fluoride treatments (including fluoride varnishes)	Х			2 x year		
Sealants (list any tooth-specific limits)	Х				For permanent molars	
Space maintainers	Х					

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Diagnostic Services

	Is the service Covered?					
	Yes	Only with prior authorization	No	Frequency	List any service-specific limitations	Recommended age of first visit?
Dental examinations						
	Х			2 x year	after eruption of first teeth	
X-Rays						
Bitewing				1 x year	2 years of age	
Full Mouth				1 x every 3 years		
Panoramic						

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Treatment Services

	Is the service Covered?		red?			
	Yes	Only with prior authorization	No	Frequency	List any service-specific limitations	Criteria for coverage
Fillings		-				
Silver amalgam	Х					
Tooth colored composite	Х					
Crowns/tooth caps		•				
Stainless steel crowns		Х			One per 60 m onths - Teeth 1 through 32	
Metal (only) crowns			Х			
Metal/porcelain crowns	Х					
Porcelain (only) crowns	Х				One per 60 monthss - Teeth 6-11, 22-27	
Root Canals (endodontics)						
Root canals on baby teeth (pulpotomies)	Х				Once per lifetime	
Root canals on permanent teeth		Х			Once per lifetime	
Gum (periodontal) therapy					•	
		Х			One per 24 months per quadrant	

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	ls th	Is the service Covered?				
	Yes	Only with prior authorization	No	Frequency	List any service-specific limitations	Criteria for coverage
Dentures	-					
Partial dentures		X				
Complete dentures		Х				
Bridges			Х			
Orthodontics*						
Retainers (orthodontic)			Х			
Braces		х			Lifetime Orthodontic Maximum Benefit Limit of \$1,250	
Oral surgery						
Simple extractions	X					
Surgical extractions	Х					
Care of abscesses	Х					
Cleft palate treatment			Х			
Cancer treatment		Х				
Treatment of fractures		Х				
Biopsies		Х				

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	Is the service Covered?		red?			
	Yes	Only with prior authorization	No	Frequency	List any service-specific limitations	Criteria for coverage
Treatment of jaw joint problems (TMJ)						
			Х			
Emergency room services provided by a	dentist					
	Х				2 visits per calander year during office ours, 2 visits per year after office hou	
Inpatient Hospital Services						
			Х			
Anesthesia						
General anesthesia						
Intravenous conscious sedation						
Non-intravenous conscious sedation						
Analgesia (nitrous oxide)						

^{*} When this information is posted on the Insure Kids Now website, we will include a special note for orthodontic services explaining that parents and caretakers should work with their child's orthodontist to ensure that the treatment and payment terms and conditions are clear at the outset of treatment (for example, what happens in the case of a child who becomes ineligible for Medicaid or CHIP while he or she is undergoing orthodontic treatment?).

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